

FIG. 1A

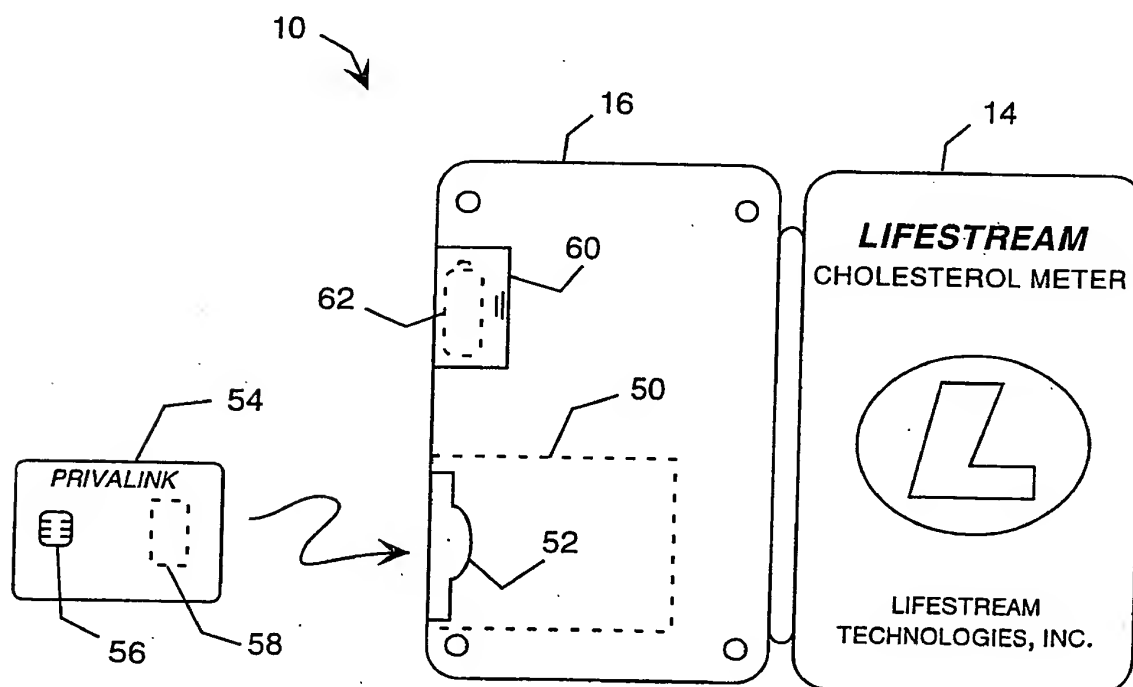


FIG. 1B

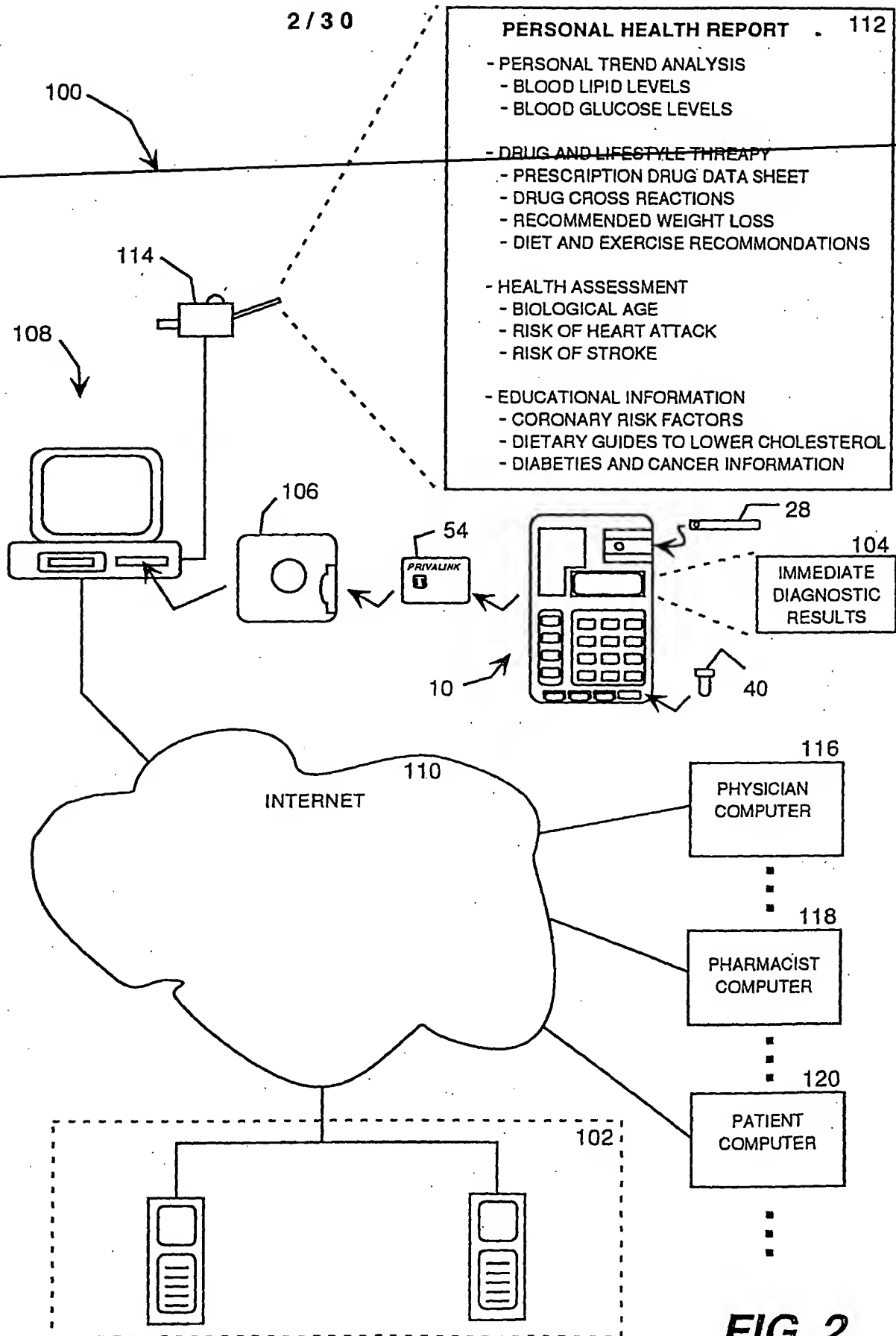


FIG. 2

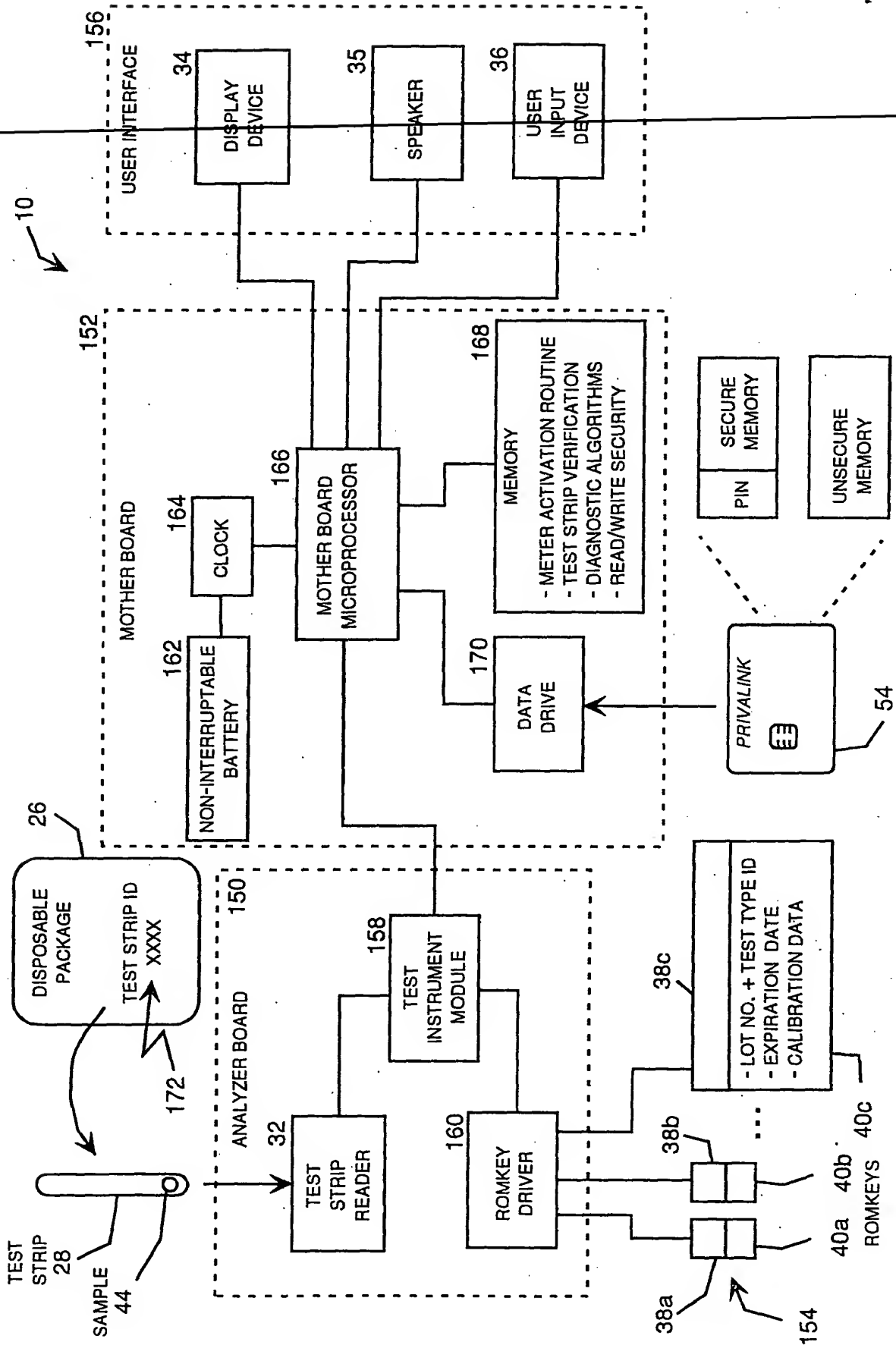
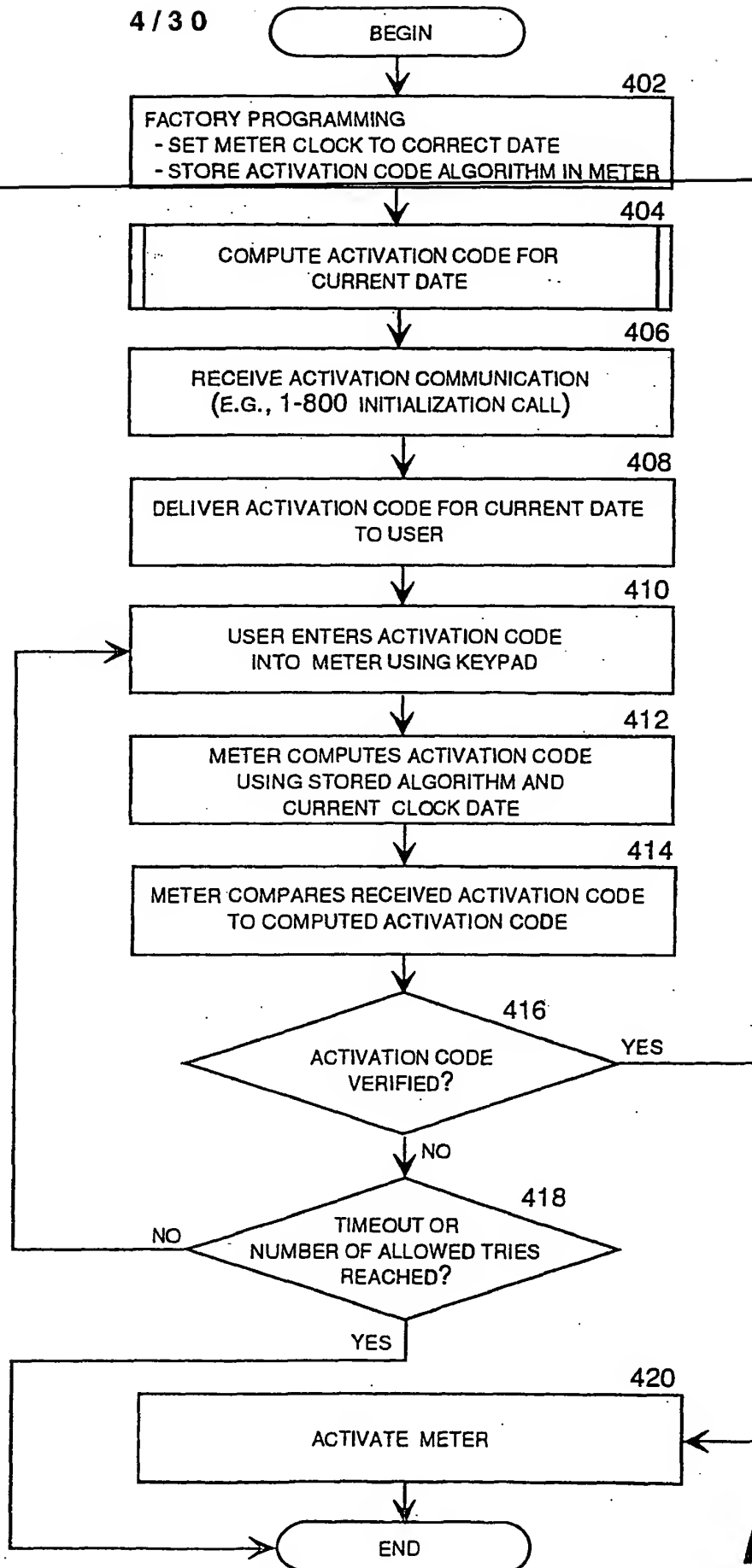


FIG. 3

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METER
ACTIVATION
ROUTINE
400

FIG. 4

5 / 3 0

COMPUTE
ACTIVATION CODE
ROUTINE
404

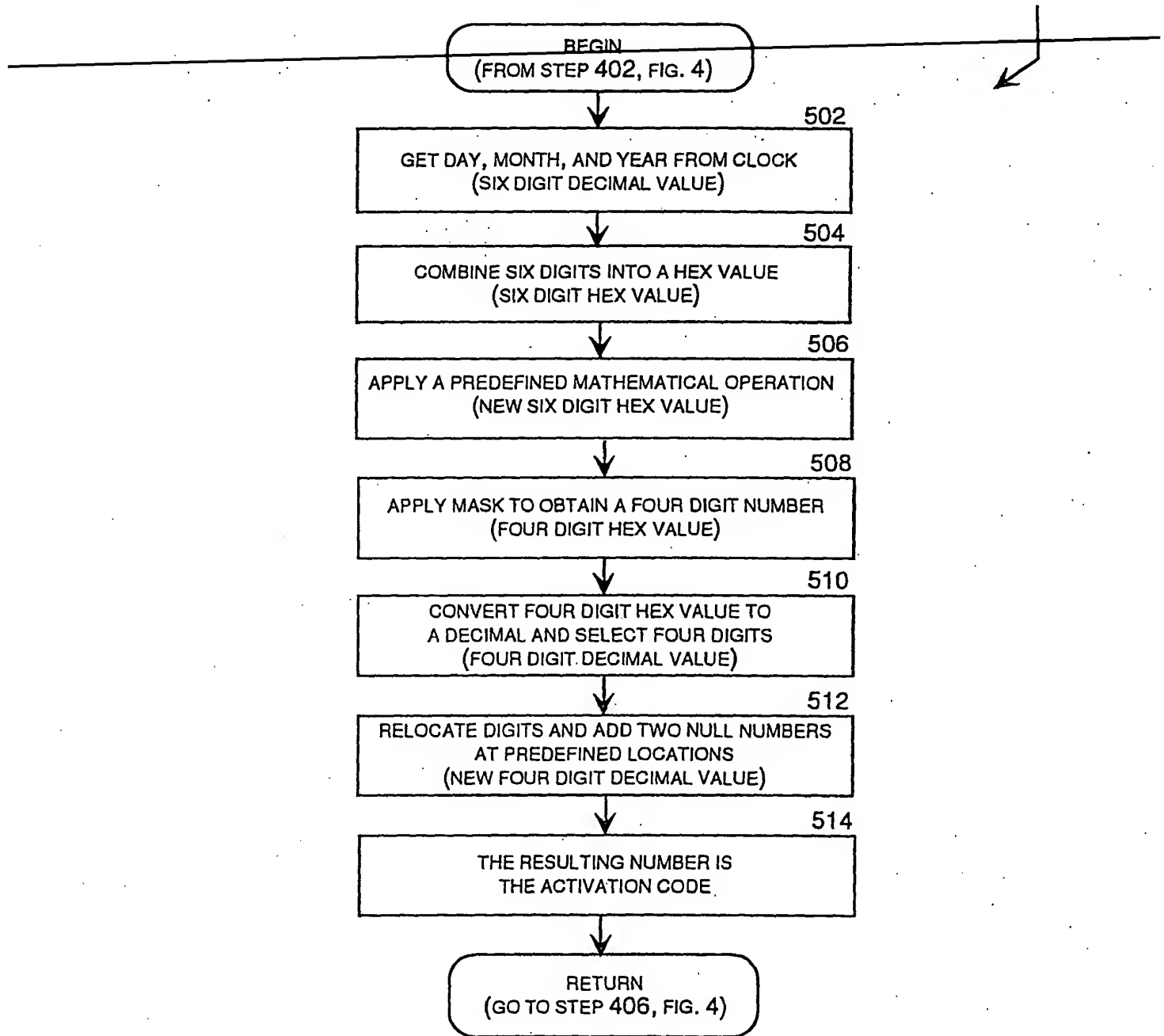
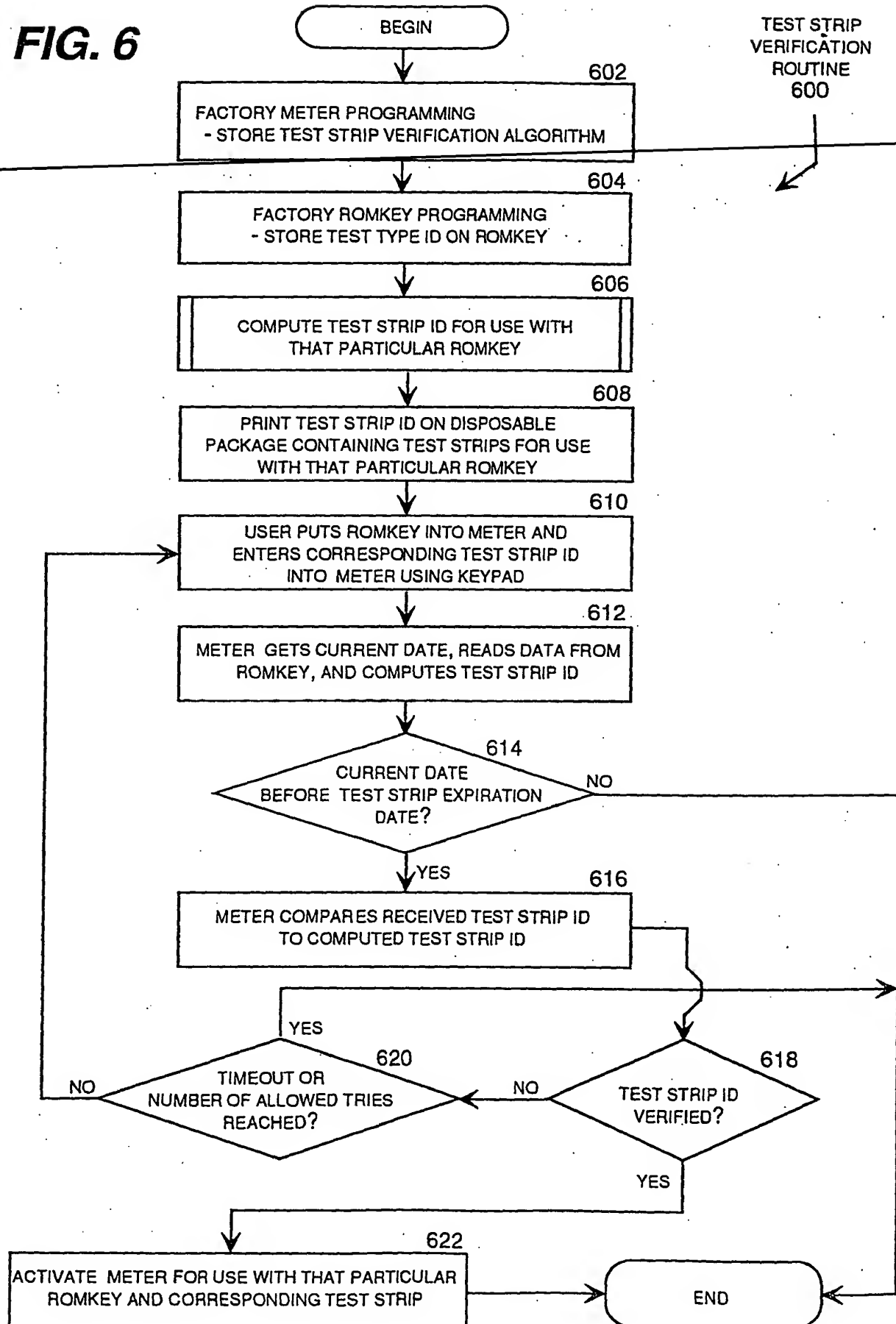


FIG. 5

FIG. 6



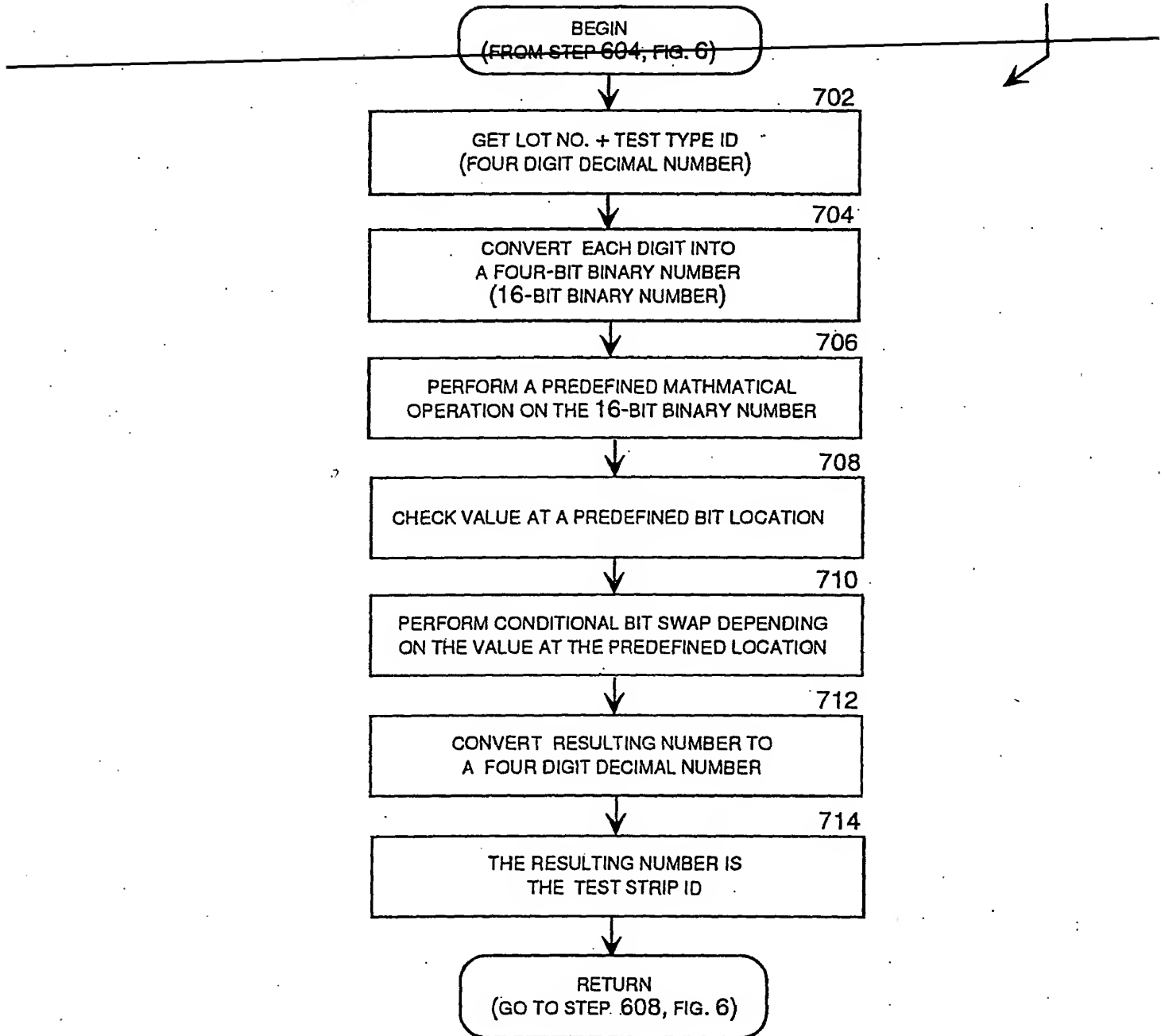


FIG. 7

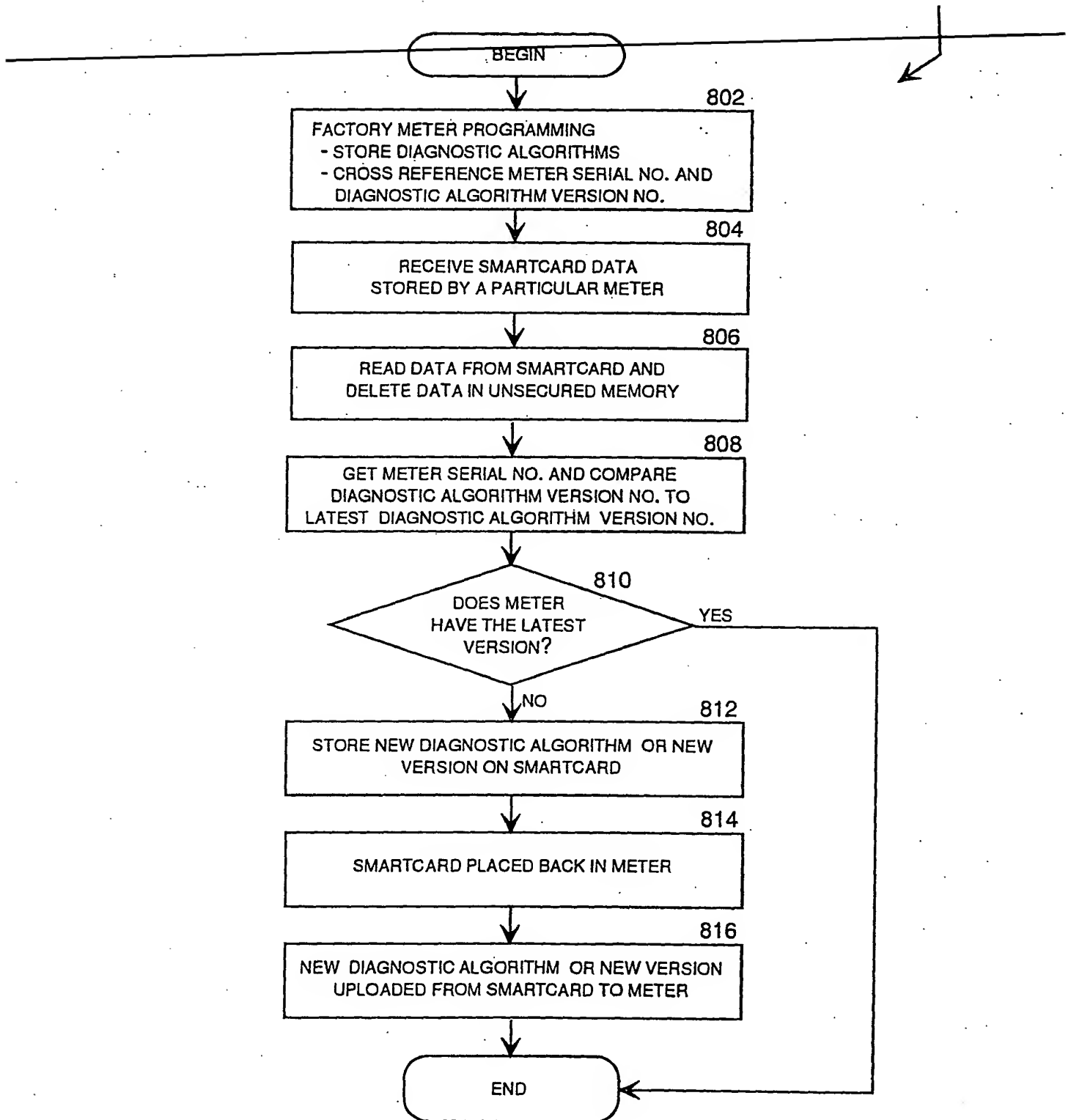


FIG. 8

9 / 3 0

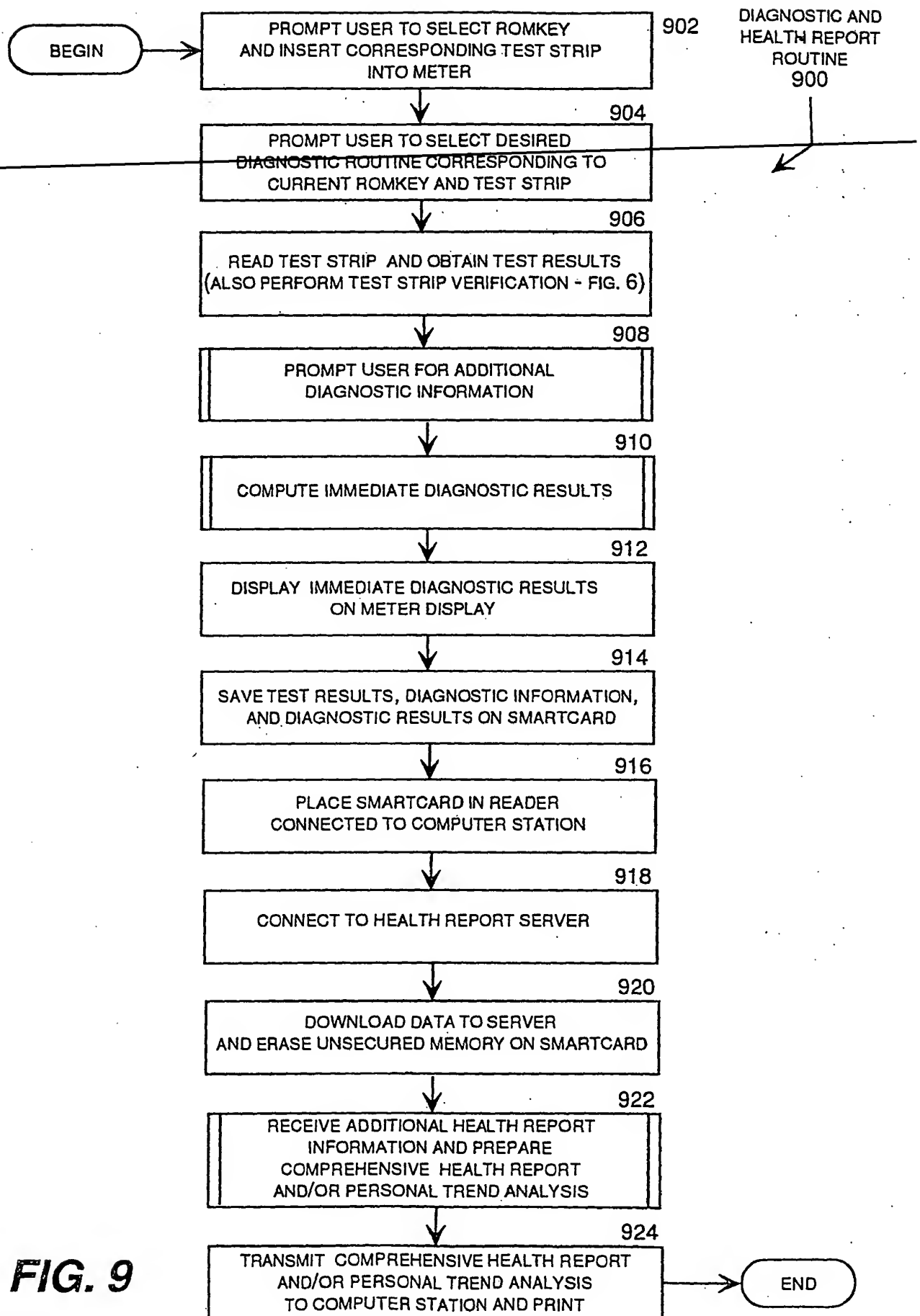


FIG. 9

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BEGIN
(FROM STEP 906, FIG. 9)

EXAMPLE
CHOLESTEROL
ROUTINE
908

PROMPT FOR AND RECEIVE GENDER

1002

PROMPT FOR AND RECEIVE ETHNICITY

1004

PROMPT FOR AND RECEIVE FAMILY HISTORY
OF HEART DISEASE

1006

PROMPT FOR AND RECEIVE PERSONAL HISTORY
OF HEART DISEASE

1008

PROMPT FOR AND RECEIVE DIABETIC TYPE 1

1010

PROMPT FOR AND RECEIVE DIABETIC TYPE 2

1012

PROMPT FOR AND RECEIVE SMOKER

1014

PROMPT FOR AND RECEIVE HEIGHT

1016

PROMPT FOR AND RECEIVE WEIGHT

1018

PROMPT FOR AND RECEIVE AGE

1020

PROMPT FOR AND RECEIVE BLOOD PRESSURE

1022

PROMPT FOR AND RECEIVE FITNESS LEVEL

1024

RETURN
(GO TO STEP 910, FIG. 9)

FIG. 10

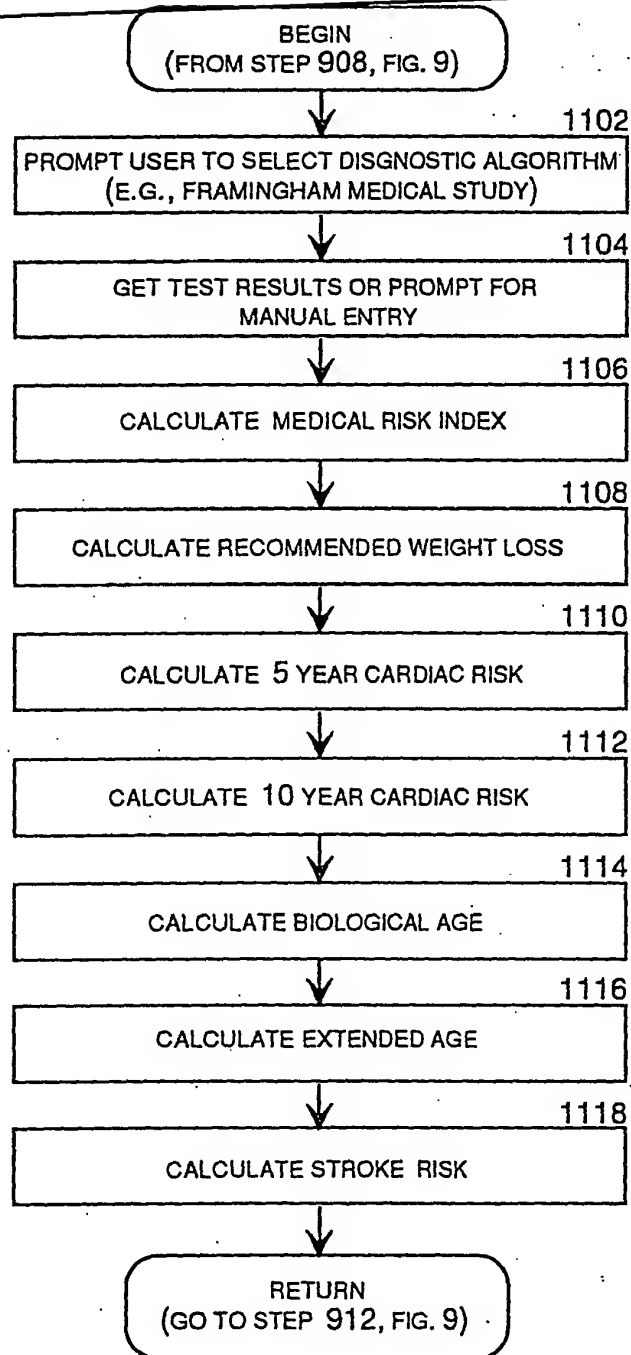


FIG. 11

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EXAMPLE
CHOLESTEROL
ROUTINE
922

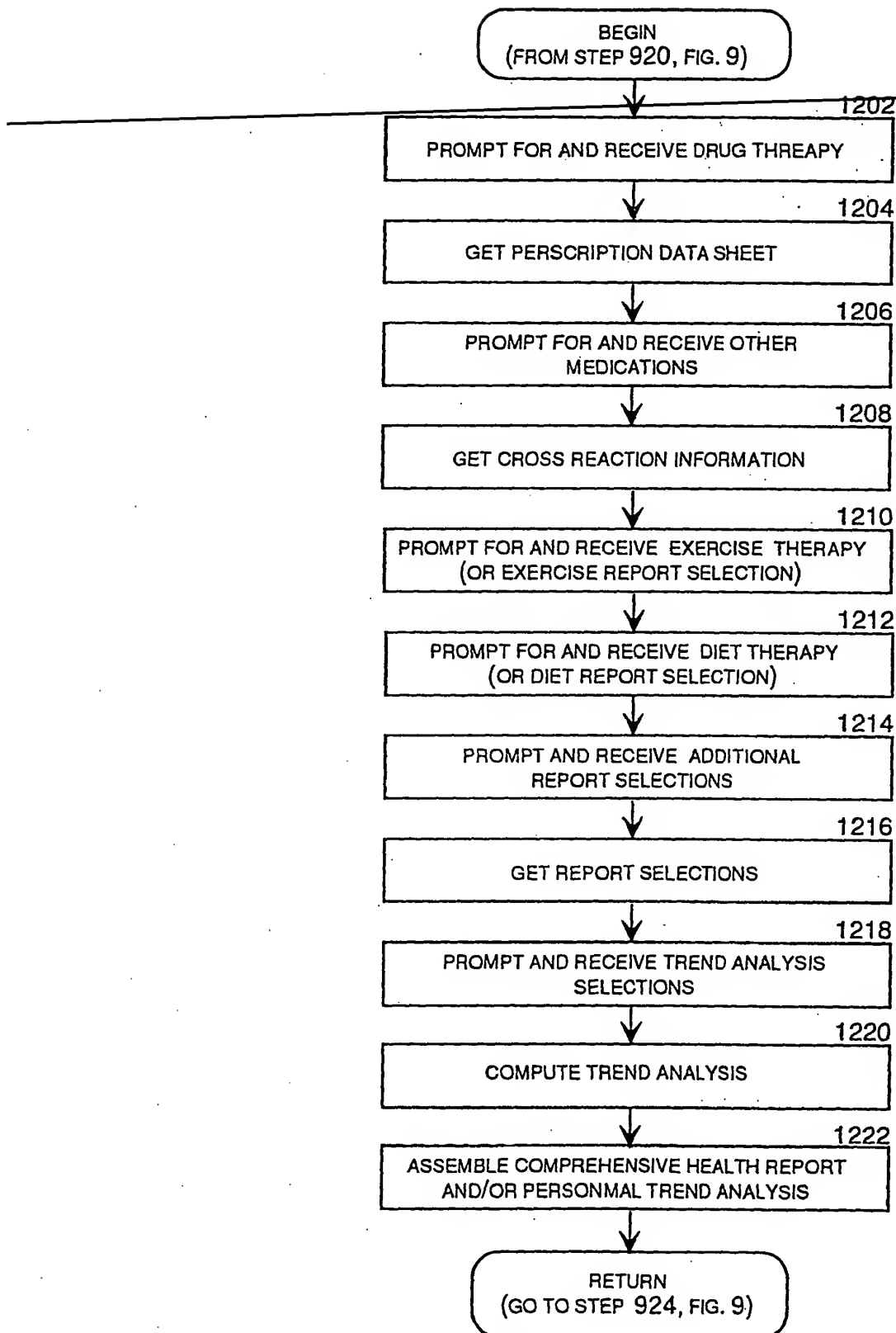


FIG. 12

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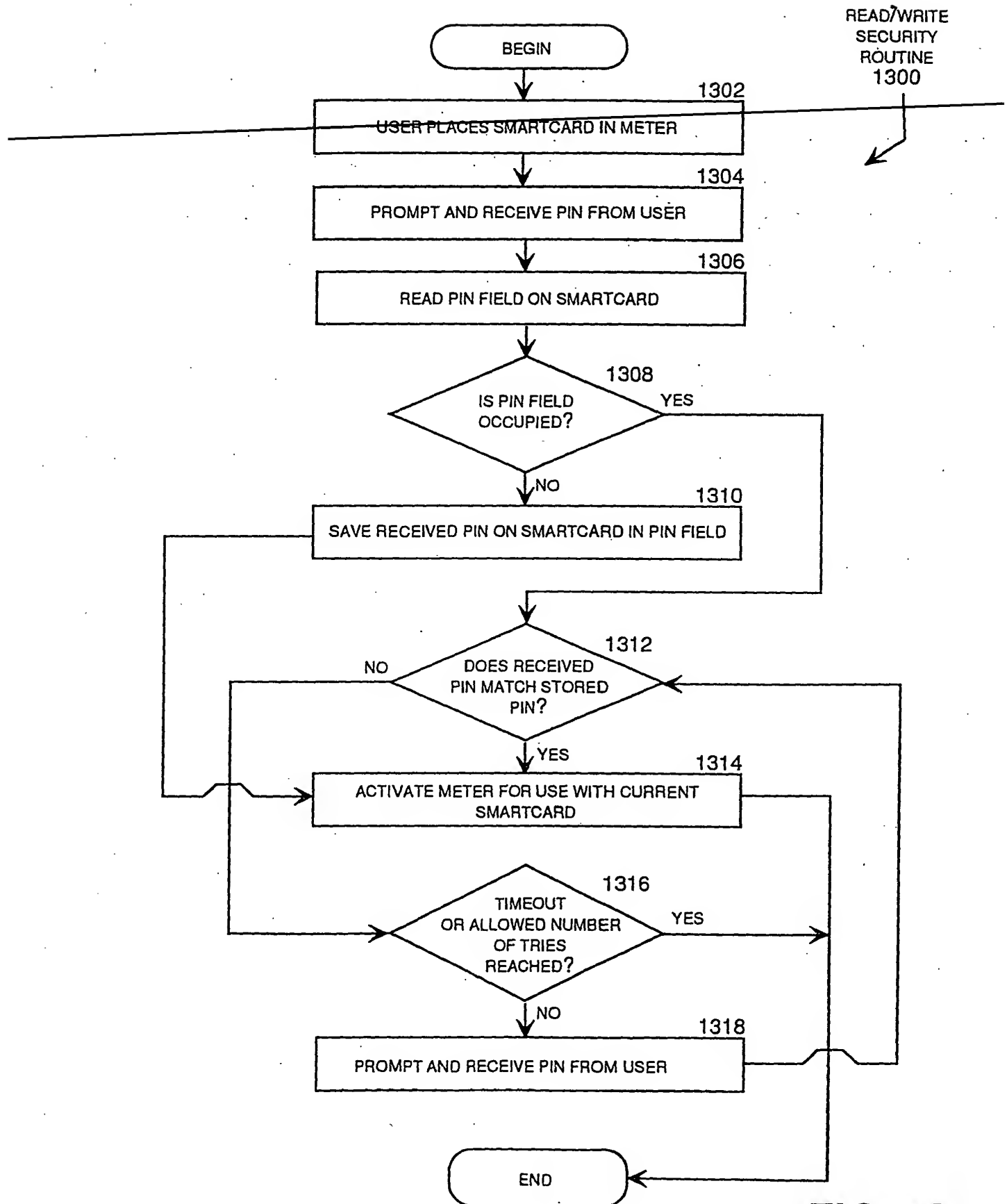


FIG. 13

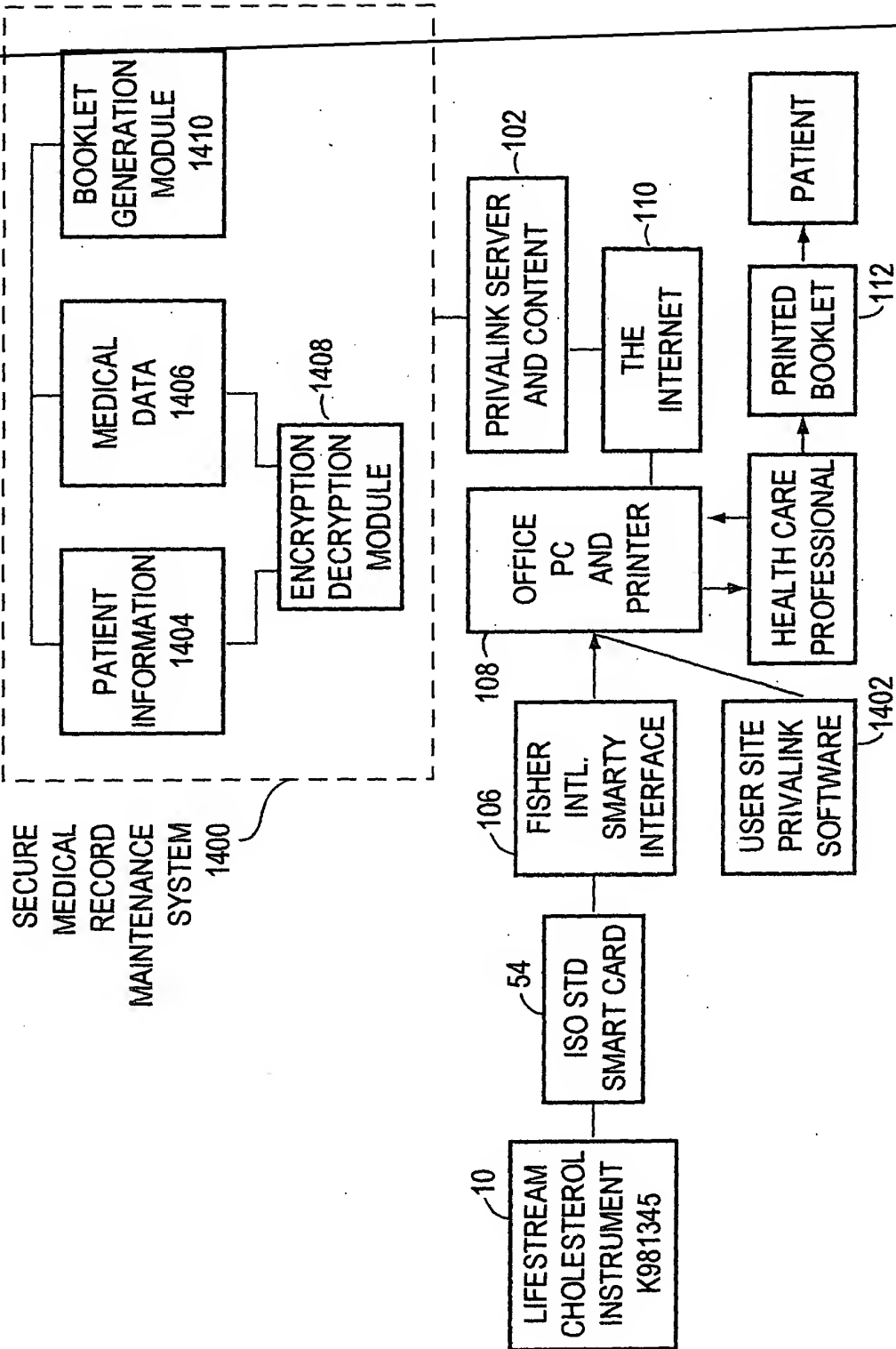


FIG. 14

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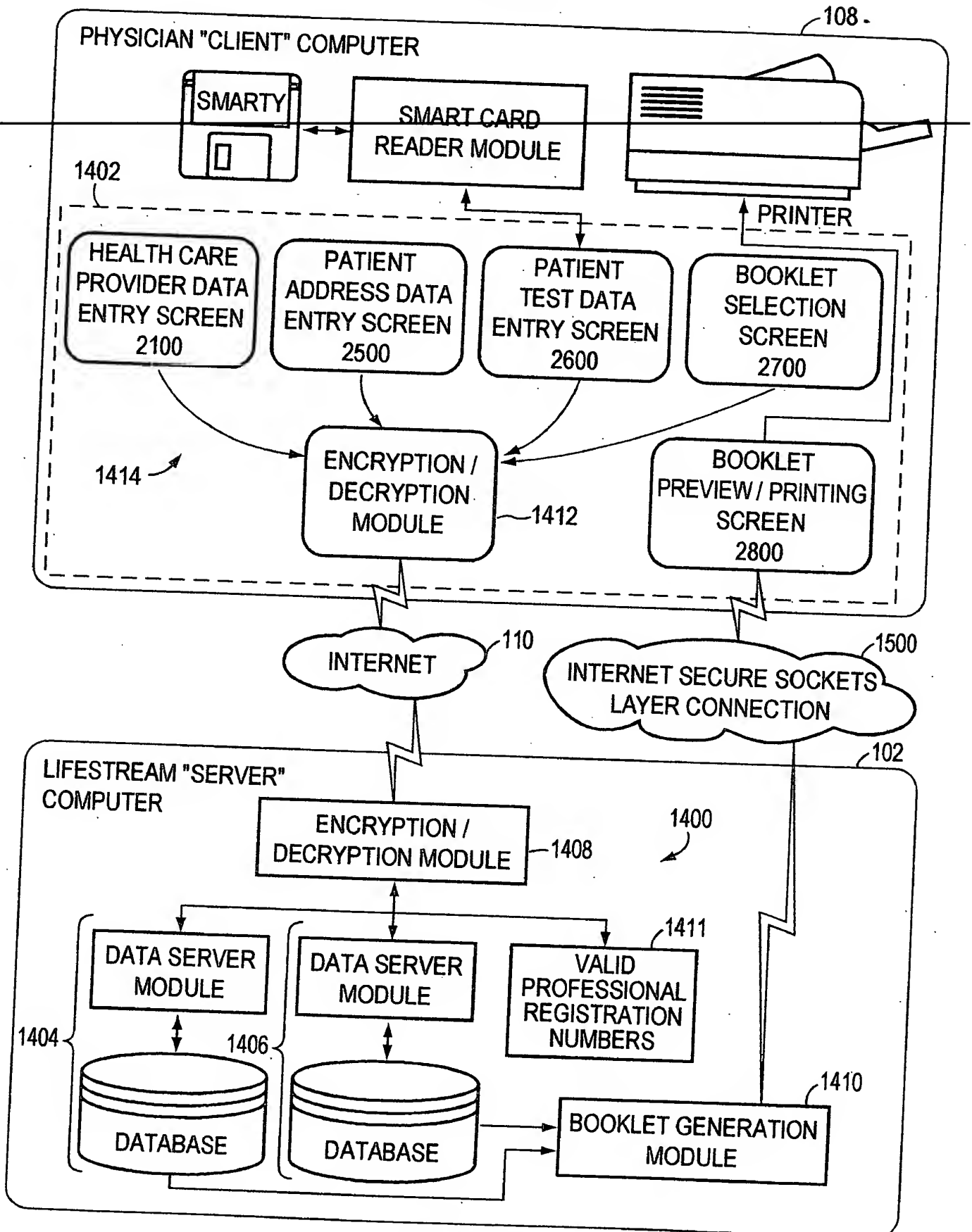


FIG. 15

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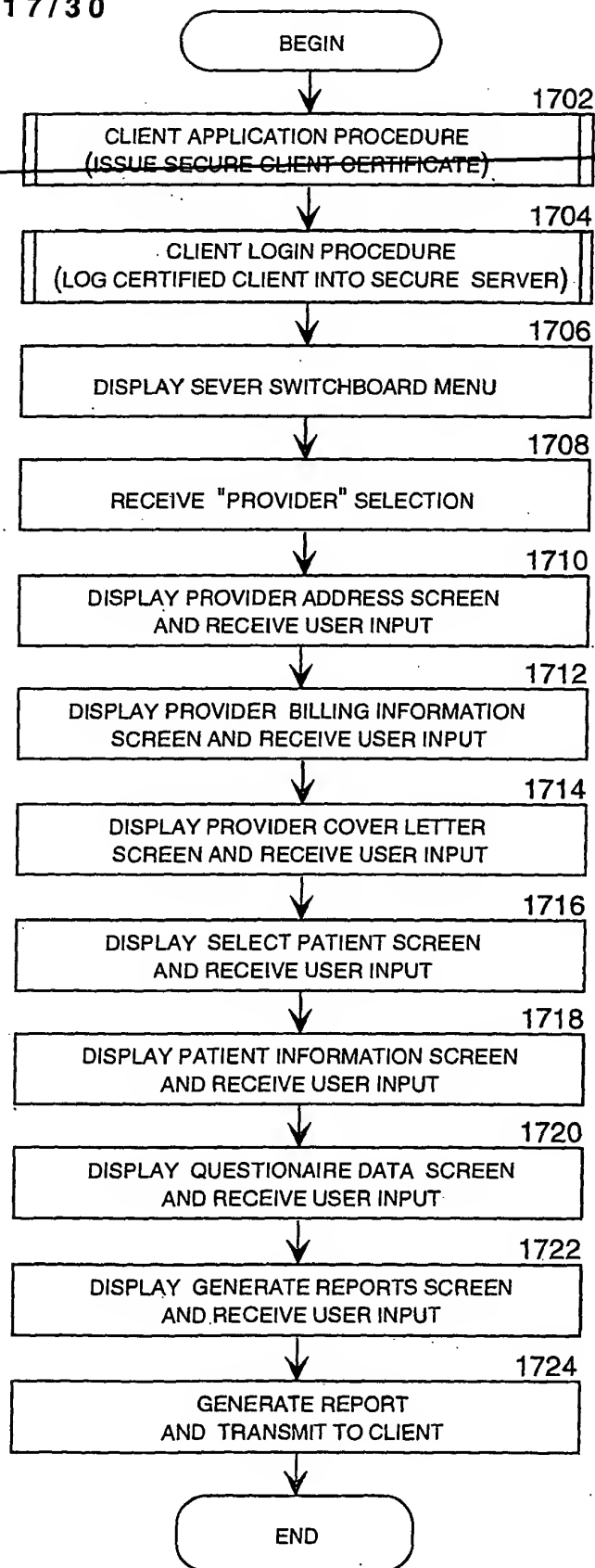
CLIENT
ACCESS
ROUTINE
1700

FIG. 17

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CLIENT
APPLICATION
ROUTINE
1702

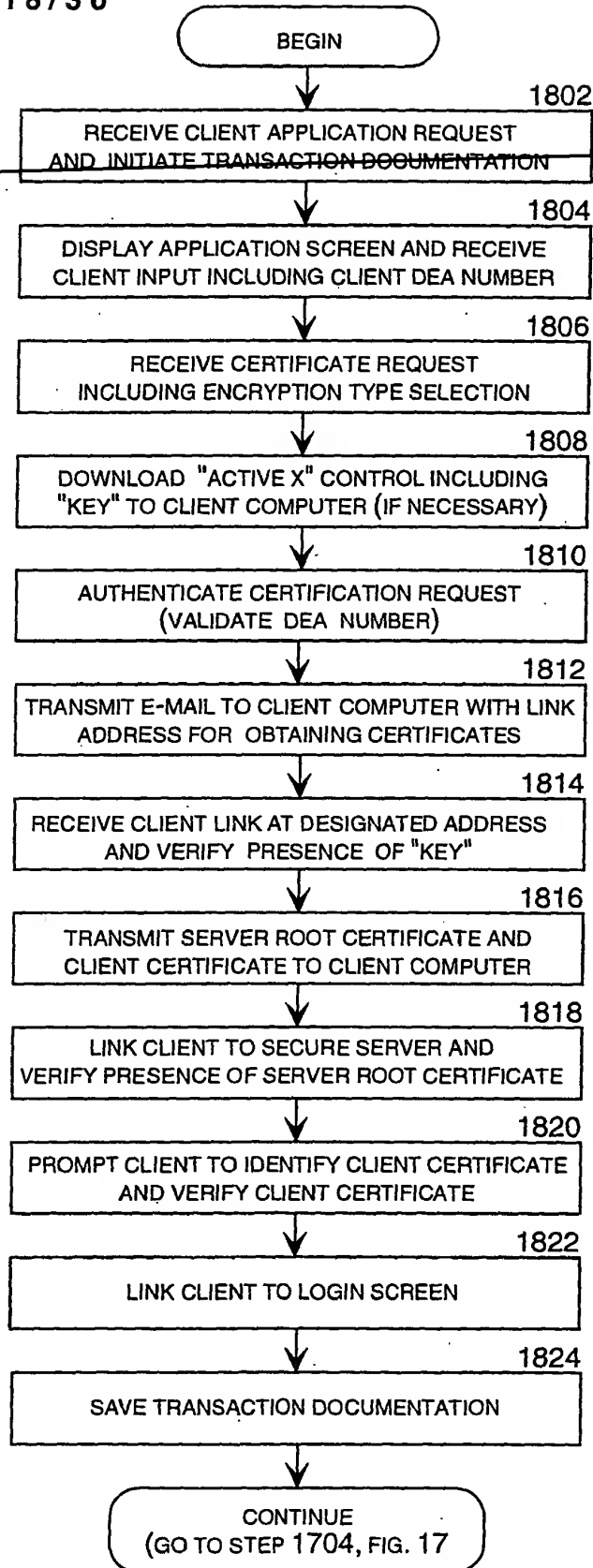
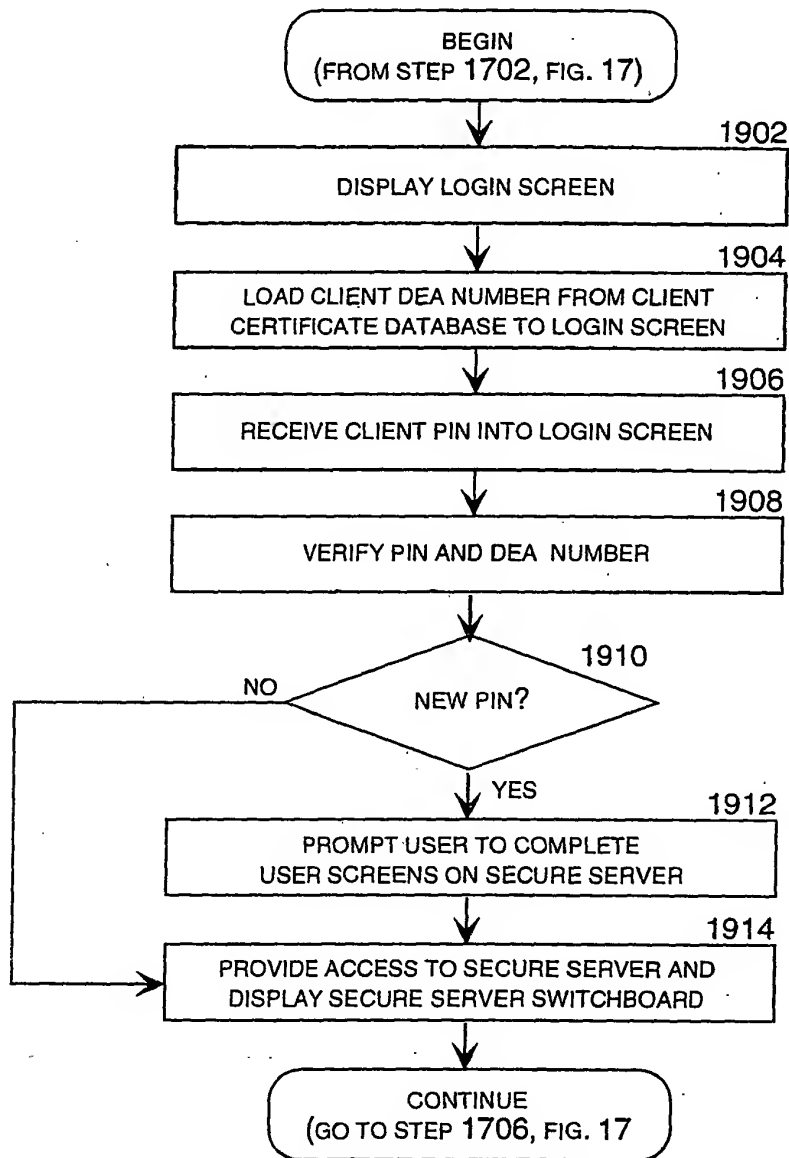


FIG. 18

**FIG. 19**

20/30

INITIAL INPUT SELECTION

2000

2002

2004

Provider

Patients

Programs

Online PDR

Abstracts

FIG. 20

BILLING MODULE

2100

2102

2106

2108

2110

2104

Address Billing Info Cover Letter

Account

Provider Number

XX1234567

PIN

Name

Title

First

Last

Degree

Lifestream

Technologies

Address

Street Address

510 Clearwater Loop

Suite 101

City

State/Region

Postal Code

Post Falls

ID

83854

Country

United States

Associate PIN Numbers

First Name

Last Name

Jane

Worker

Joe

Worker

Add

Modify

Delete

Notes

Other

Phone

Fax

(208) 457-9409

(509) 457-9509

Birthdate

E-mail

1/1/60

sales@lifestreamtech.com

1.0.3.4



Save

FIG. 21

21/30

2100

2200

2202

Address Billing Info Cover Letter

Billing Method

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number


 Save

FIG. 22

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

Editor Save


FIG. 23

2400


1.0.253

Select an existing patient or add a new patient _____


☒ Select Existing Patient





☐ Add New Patient


 Read SmartCard

Administrative _____

 Backup

 Recreate Card

 Restore

 Quick List



 Next

FIG. 24

Patient Information

Account File Number 123		Entry Date 11/24/98
Name First Last Jill Smith		Other Phone (509) 555-1212 Fax Birthdate 1/1/50 Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Address Street Address 110 Main		E-mail <input checked="" type="checkbox"/> Include on Mailing List
City Spokane	State/Region WA	Postal Code 99201
Country United States	Language English	
Notes		

 Save



 Previous  Next

FIG. 25

Questionnaire Data

Patient
File Number 123 First Jill Last Smith Test Time Stamp 12/8/98 10:16:01AM

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68 inches	Glucose	0 mg/dl
Personal History	<input type="checkbox"/>	Weight	165 pounds	Body Fat	24 %
CVD	<input type="checkbox"/>	Age	48 Years	Systolic	140
AF	<input type="checkbox"/>	Chol	215 mg/dl	Diastolic	80
LVH	<input type="checkbox"/>	Tng	0 mg/dl	Fitness	Sedentary
Diabetes Type 1	<input type="checkbox"/>	LDL	0 mg/dl	Ethnicity	Caucasian
Diabetes Type 2	<input type="checkbox"/>	HDL	0 mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

Record 1 of 1

Read SmartCard Save

Previous Next

FIG. 26

[◀ Previous](#)

FIG. 27

27/30

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CORONARY RISK FACTORS		TEST RESULTS	IDEAL RANGE	GOALS
IDEAL IDEAL	GENDER	MALE		
	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
MODERATE HIGH	AF	NO		
	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
MODERATE	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
IDEAL IDEAL	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
LOW LOW	PERCENTAGE OF BODY FAT	N/A	18%	
	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

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EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

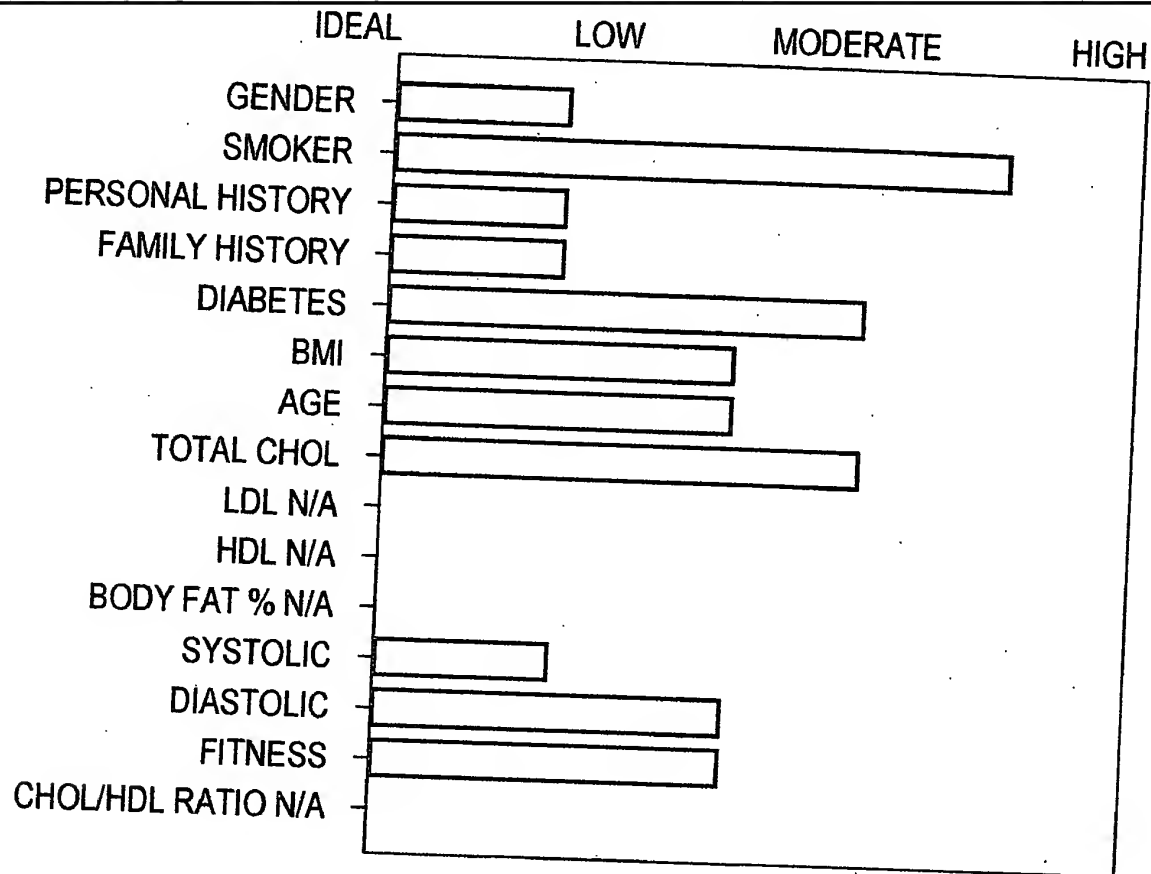


FIG. 29

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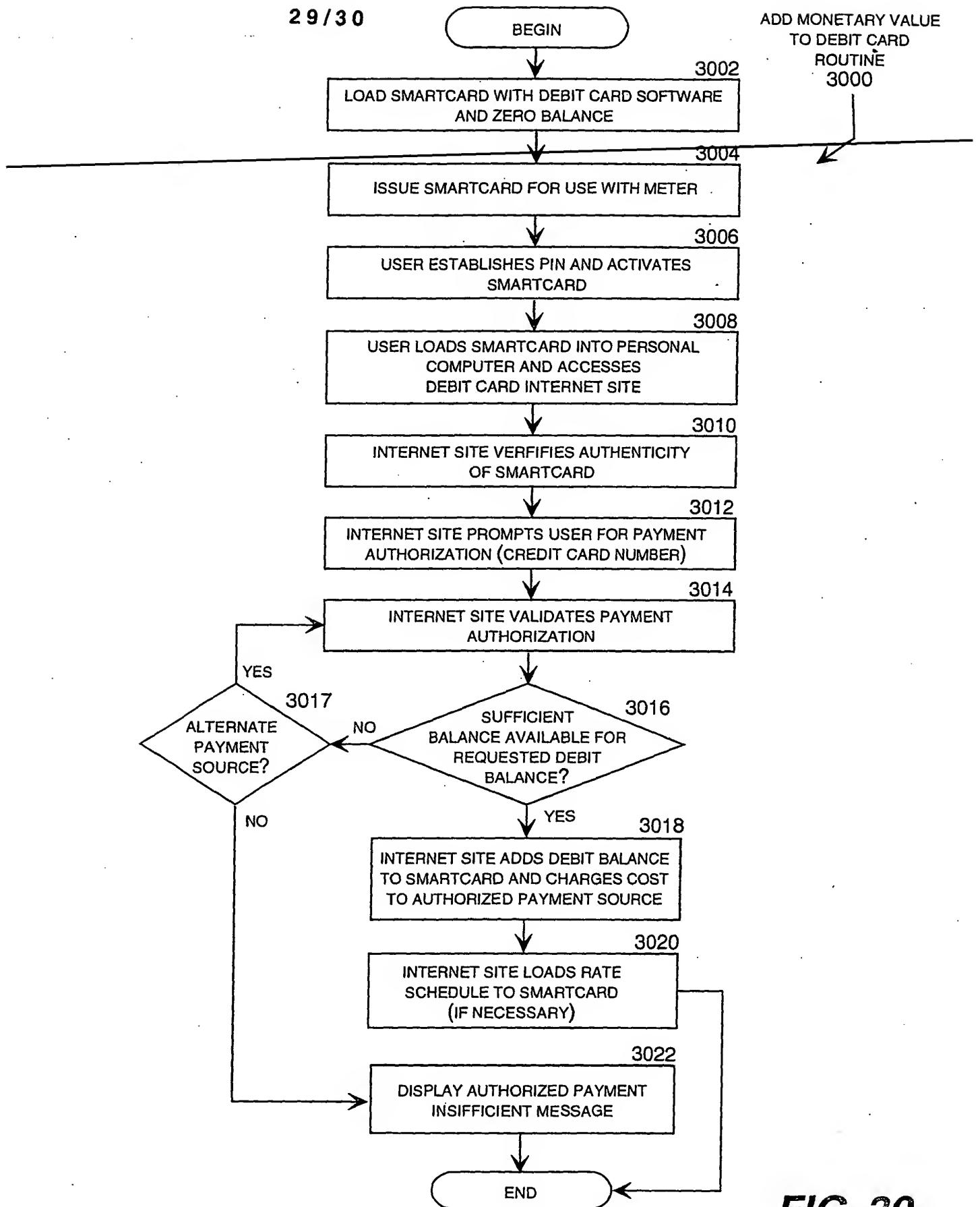


FIG. 30

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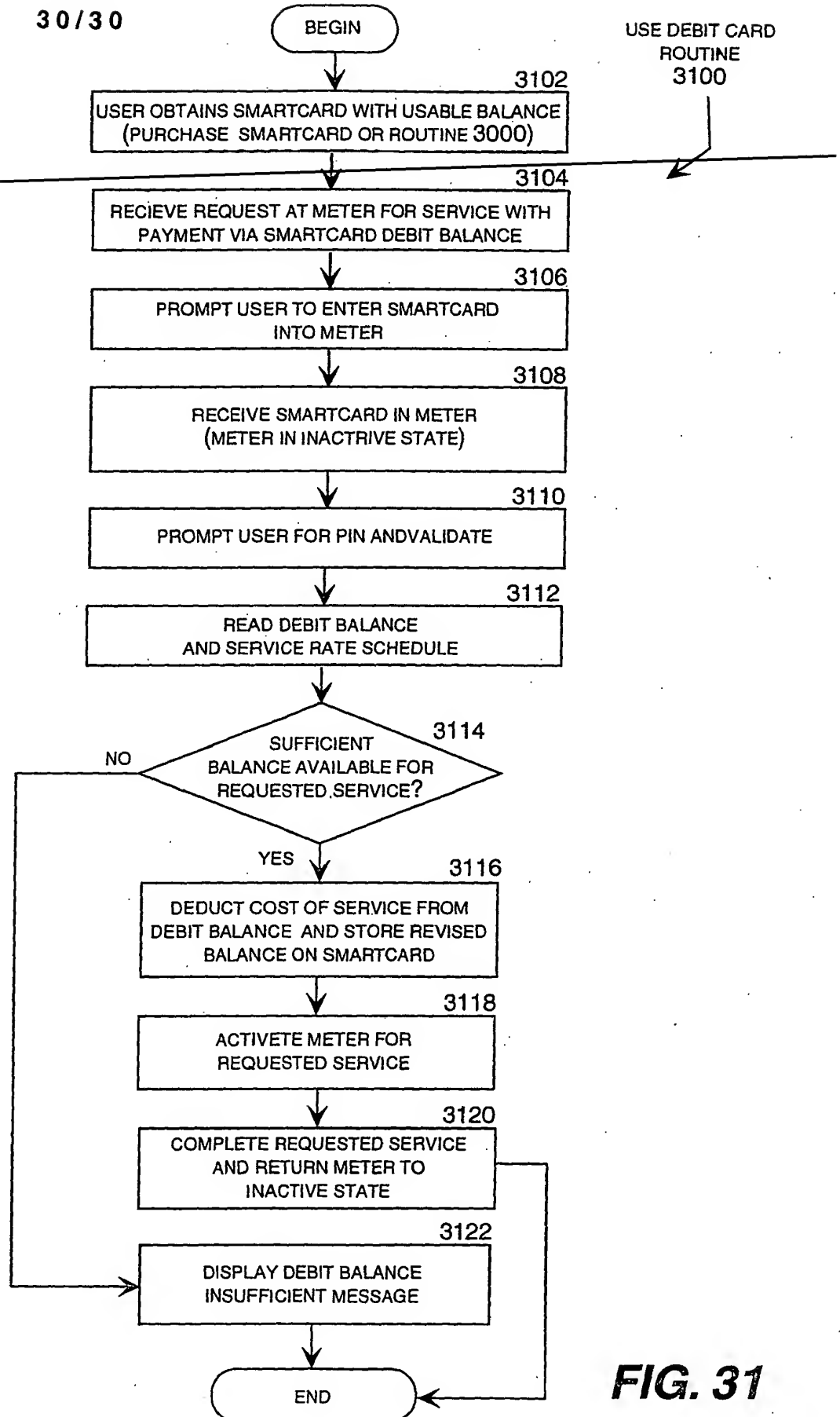


FIG. 31